

**Express Mail" Mailing Label No. EL541612377US**

**PATENT**

**Docket No. H 2938 PCT/US**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re:      Application of  
              Behler, et al.**

**Serial No.    09/486,677**

**Filed:       06/26/00**

**PCT/EP98/05355**

**International Filing Date:    August 24, 1998**

**Priority Date Claimed:       September 1, 1997**

**TITLE:       COLD-STABLE FATTY ALCOHOL ALKOXYLATES**

**Examiner:**

**Art Unit:**

**TRANSMITTAL OF DECLARATION  
UNDER 37 CFR SECTION 1.494/5(c)**

**Assistant Commissioner for Patents  
Box PCT  
Washington, D.C.    20231**

**Attn:    Shakeel Ahmed  
          DO/EO/US**

**Sir:**

No original declaration or oath was filed earlier herein. Accordingly, enclosed is the original declaration or oath for this application.

Please charge our **Deposit Account No. 50-1177** in the amount of **\$130.00** as prescribed by 37 CFR 1.492(e) for the surcharge and processing fee for filing a declaration on a date later than 20/30 months after the priority date of the application. A triplicate of this sheet is enclosed along with an executed declaration. **Order No. 00-0371**. Authorization is also granted to charge any deficiency to Deposit Account 50-1177.

07/21/2000 SSALEEK1 00000071 501177 09486677

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Respectfully submitted,

June 26, 2000  
(Date)

Aaron R. Ettelman  
(Reg. No. 42,516)  
Attorney for Applicant  
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**ARE/ras**

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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	<b>Attorney Docket Number</b>	H 2938 PCT/US
	<b>First Named Inventor</b>	BEHLER, Ansgar
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09/486,677
	<b>Filing Date</b>	06/26/2000
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COLD-STABLE FATTY ALCOHOL ALKOXYLATES**

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **08/24/1998** as United States Application Number or PCT International

Application Number **PCT/EP98/05355** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
197 38 108.1	Germany	09/01/1997	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP98/05355	08/24/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	<u>32,891</u>	Henry E. Millson, Jr.	<u>18,980</u>
Steven J. Trzaska	<u>36,296</u>		
Aaron R. Ettelman	<u>42,516</u>		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☐ Customer Number  or label  OR ☒ Fill in correspondence address below

Name	<u>Aaron R. Ettelman</u>		
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Fax	<u>610-278-6548</u>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this

Given Name	<u>Ansgar</u>	Middle Initial		Family Name	<u>Behler</u>	Suffix e.g. Jr.	
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Inventor's Signature	<u><i>Ansgar Behler</i></u>	Date	<u>03/28/2000</u>
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Residence: City	<u>Bottrop</u> <u>DEX</u>	State		Country	<u>Germany</u>	Citizenship	<u>Germany</u>
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetName of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name	<b>Horst-Dieter</b>	Middle Initial		Family Name	<b>Schares</b>	Suffix e.g. Jr.	
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Inventor's Signature	<i>Horst-Dieter</i>	Date	<b>03/23/2000</b>
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Residence: City	<b>Erkrath</b> <b>DEX</b>	State		Country	<b>Germany</b>	Citizenship	<b>Germany</b>
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Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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Post Office Address	
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Post Office Address	
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City		State		Zip		Country		Applicant Authority	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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City		State		Zip		Country		Applicant Authority	
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Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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City		State		Zip		Country		Applicant Authority	
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto